

Notice of CORPlan Member Rights  
under Title II of the Health Insurance Portability and Accountability Act of 1996 (HIPAA),  
**Standards for Privacy of Individually Identifiable Health Information**  
*Effective April 14, 2003*

The City of Richardson as the Plan Sponsor of CORPlan protects the confidentiality of members' personal financial and health information as required by law. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

**Your Protected Information**

In order to conduct health plan activities, our designated agents or we, collect and use several different types of information. This includes information that you provide directly to us on applications or other forms, such as your name, address, age, and information about dependents. We accumulate information about your transactions with our designated agents, such as policy coverage, premiums and claims history. Your protected health information is information that can be linked to you and is about your health status (past, present or future). It may be in electronic, paper and/or verbal forms. The City of Richardson as the Plan Sponsor for CORPlan is required by law to 1) maintain the privacy of this information, 2) abide by the terms of this notice, and 3) provide a revised notice within 60 days of a change to our privacy practices.

**Permitted Uses and Disclosures of Your Protected Information**

*For Health Care Operations and Treatment* - Our designated agents or we may use and disclose information about you for Plan operations. This includes information about you needed to review the quality of care and services you receive, to provide case management or care coordination services, provide treatment alternatives or other health-related benefits and services, and/or to perform audits, ratings, and forecasts (as limited by HIPAA standards).

*For Payment* - Our designated agents or we may use and disclose information about you in managing your employee benefits. This includes such functions as premium payments, reimbursing health care providers, determining eligibility, performing coordination of benefits, adjudicating claims, medical necessity reviews, and/or utilization review activities.

*As Permitted or Required by Law* - Information about you may be used or disclosed to regulatory agencies, for administrative or judicial proceedings, to public health authorities (for the purpose of preventing/controlling disease, injury, or disability), and/or to law enforcement officials when required to comply with a court order or subpoena.

*Minimum Disclosure Required* - We are normally required to make reasonable efforts to limit protected health information necessary to accomplish intended allowable purposes. This limitation does not apply when making disclosures to you, pursuant to your authorization, or as otherwise required or permitted by law.

*Authorization* - Other uses and disclosures of protected health information will be made only with your written permission, unless otherwise permitted or required by law.

**Your Rights**

Under the regulations effective April 2003, you will have the right to:

- ♦ Send us a written request to see or get a copy of the protected health information that we have about you, or amend your personal information that you believe is incomplete or inaccurate provided you can substantiate the requested change.
- ♦ Request additional restrictions on uses or disclosures of your protected health information. However, we are not required to agree to these requests.
- ♦ Request that we communicate with you about medical matters using reasonable alternative means or at an alternative address, if communication to your home could endanger you.
- ♦ Receive an accounting of our disclosures of your protected health information, except when those disclosures are made for treatment, payment or health care operations, or when the law otherwise restricts the accounting.
- ♦ You cannot be forced to waive your rights established by the privacy regulations.

**Complaints**

If you believe your HIPAA privacy rights have been violated, you have the right to file a complaint with either the Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave., S.W., Washington, D.C. 20201, or the Director of Human Resources for the City of Richardson, 411 W. Arapaho Road, Suite 103, Richardson, TX 75080. The complaint should be in writing, either on paper or electronically, and generally describe the violation. You will not be retaliated against for filing a complaint.

If you need further information, please contact the Director of Human Resources on 972-744-4002.